



Wisconsin Department of Public Instruction  
**EMPLOYMENT VERIFICATION**  
PI-1613 (Rev. 01-14)

**INSTRUCTIONS TO EMPLOYER:** Complete Sections II and III and return to applicant.

**Phone Number:** (800) 266-1027 or (608) 266-1027

**Website:** [tepd.dpi.wi.gov](http://tepd.dpi.wi.gov)

This form is available at [tepd.dpi.wi.gov/licensing/supplementary-forms](http://tepd.dpi.wi.gov/licensing/supplementary-forms)

**To the Applicant:** Complete Section I (print or type) and then send to your employer (district administrator or personnel director) for completion of Sections II and III. After it has been returned to you, scan and upload when applying for a license using ELO.

**To the Employer:** Please complete both Sections II and III. In Section II list each separate position/assignment held by the applicant within your district on an individual line. Return the completed form to the applicant.

I. APPLICANT INFORMATION	
Name Last, First, Middle, (Other/Previous)	Social Security Number*
Name of Employing School District / Agency	Location of Employment School(s), City, State

II. EMPLOYMENT HISTORY					
Dates (MM/YY)		Position Detail			
From	To	Position Held	Type of Teacher	If Teacher Grades Taught	Subjects Taught
		<input type="checkbox"/> Teacher <input type="checkbox"/> Counselor <input type="checkbox"/> Principal <input type="checkbox"/> Aide <input type="checkbox"/> Other Position <i>Specify</i>	<input type="checkbox"/> Regular <input type="checkbox"/> Substitute		
		<input type="checkbox"/> Teacher <input type="checkbox"/> Counselor <input type="checkbox"/> Principal <input type="checkbox"/> Aide <input type="checkbox"/> Other Position <i>Specify</i>	<input type="checkbox"/> Regular <input type="checkbox"/> Substitute		
		<input type="checkbox"/> Teacher <input type="checkbox"/> Counselor <input type="checkbox"/> Principal <input type="checkbox"/> Aide <input type="checkbox"/> Other Position <i>Specify</i>	<input type="checkbox"/> Regular <input type="checkbox"/> Substitute		
		<input type="checkbox"/> Teacher <input type="checkbox"/> Counselor <input type="checkbox"/> Principal <input type="checkbox"/> Aide <input type="checkbox"/> Other Position <i>Specify</i>	<input type="checkbox"/> Regular <input type="checkbox"/> Substitute		
		<input type="checkbox"/> Teacher <input type="checkbox"/> Counselor <input type="checkbox"/> Principal <input type="checkbox"/> Aide <input type="checkbox"/> Other Position <i>Specify</i>	<input type="checkbox"/> Regular <input type="checkbox"/> Substitute		

III. EMPLOYER VERIFICATION
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**TO THE BEST OF MY KNOWLEDGE**, all information presented on this form is accurate and the education employment listed above was successful.

Exceptions, Limitations or Other Comments

Name of School District or Employer

Street

City, State, Zip Code

Signature of Employer

Date Signed *Mo./Day/Yr.*



Title

Employer Telephone *Area Code/No.*

\* Collection of social security number is a requirement of s. 118.19(1m) and (1r). The social security number may be released to the Department of Justice, Department of Revenue, and the Department of Workforce Development. Such information is made available to these governmental agencies for official purposes only.